

## Attachment 1: Transmittal Form

### M+C Organization Information

Total Number of ACRs Attached: \_\_\_\_\_

Total Page Count for All ACRs: \_\_\_\_\_

HCFA Contract #: H-\_\_\_\_\_

Organization Name:

Street Address:

City:

State:

Zip Code:

#### Primary Contact:

Name:

Title:

Phone Number:

Fax Number:

E-mail address:

#### Alternate Contact:

Name:

Title:

Phone Number:

Fax Number:

E-mail address:

#### Page Count for Each ACR:

ACR #1: \_\_\_\_\_ ACR #21: \_\_\_\_\_

ACR #2: \_\_\_\_\_ ACR #22: \_\_\_\_\_

ACR #3: \_\_\_\_\_ ACR #23: \_\_\_\_\_

ACR #4: \_\_\_\_\_ ACR #24: \_\_\_\_\_

ACR #5: \_\_\_\_\_ ACR #25: \_\_\_\_\_

ACR #6: \_\_\_\_\_ ACR #26: \_\_\_\_\_

ACR #7: \_\_\_\_\_ ACR #27: \_\_\_\_\_

ACR #8: \_\_\_\_\_ ACR #28: \_\_\_\_\_

ACR #9: \_\_\_\_\_ ACR #29: \_\_\_\_\_

ACR #10: \_\_\_\_\_ ACR #30: \_\_\_\_\_

ACR #11: \_\_\_\_\_ ACR #31: \_\_\_\_\_

ACR #12: \_\_\_\_\_ ACR #32: \_\_\_\_\_

ACR #13: \_\_\_\_\_ ACR #33: \_\_\_\_\_

ACR #14: \_\_\_\_\_ ACR #34: \_\_\_\_\_

ACR #15: \_\_\_\_\_ ACR #35: \_\_\_\_\_

ACR #16: \_\_\_\_\_ ACR #36: \_\_\_\_\_

ACR #17: \_\_\_\_\_ ACR #37: \_\_\_\_\_

ACR #18: \_\_\_\_\_ ACR #38: \_\_\_\_\_

ACR #19: \_\_\_\_\_ ACR #39: \_\_\_\_\_

ACR # 20: \_\_\_\_\_ ACR #40: \_\_\_\_\_

